


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**-May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000022963</b>		
1. Entity Name <b>HERON PEST CONTROL, INC.</b>		
Principal Place of Business <b>983 EXPLORER COVE ALTAMONTE SPRINGS, FL 32701 US</b>	Mailing Address <b>983 EXPLORER COVE ALTAMONTE SPRINGS, FL 32701 US</b>	



02232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0613095</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**LACKEY, RODNEY  
740 FL. CENTRAL PKWY  
LONGWOOD, FL 32750**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U000000849294  
06/03/08-80022-012 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C PATTI, JOSEPH 457 LAKE PARK TRAIL OVIDO, FL 32750</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LACKEY, RODNEY 464 NEW HOPE DRIVE ALTAMONTE SPRINGS, FL 32701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V OKROS, STEVE 604 APPLEWOOD AVE. ALTAMONTE SPRINGS, FL 32714</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-30-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #